Officel: Ter, Candida	te.		Type or print in I			•	COVE	. GE - LONG FO
and Congolled Comm				{	Statement covers period	Date Stamp	THAT I	FORMAN AND THE
Campaign Statement		arm		from	7/1/98		199	THIM HO!
(Government Code Sections 84200-842	16.5)	01111	•		0.400.400	l geori	A P. Parker	***************************************
SEE INSTRUCTIONS ON REVERSE				throu	gh 9/30/98			1 10
Check one of the following boxes to Inc	dicate the type o	of statement belo	g filed:	Da	te of election if applicable:	ng ng T -5 f	Page	for Official Use Only
** Pre-election Statement				1	(Month, Day, Year)			For Official Use Only
Supplemental Pre-election Stat Special Odd-Year Campaign Re	ement (Attach a Bort	completed form	495 to this statement.)			CITY CL	1, 10 to 10	
Semi-annual Statement				l .	11/3/98	CITY OF	1631	
Termination Statement (Attach	4 completed Fo	rm 415 to this sta	tement.)		,			
Officeholder, Candidat	e, and Cor	trolled Con	ımittee		Other Committees	Not Included in th	is Stater	ment: List any other
Included in this Statem					committees not included in the committees of which you have	his consolidated statement	that are con	ntrolled by you and any
Alan S. Nakanishi	DIDATE				or to make expenditures on l	behalf of your candidacy.	Tarily Torinec	a to receive contribution
OFFICE SOUGHT ON HELD (INCLUDE LOCATION	A AND DISTAICT HUM	ALA IL APPLICABILIS			COMMITTEE HAME			10 nupata
Lodi City Council		,						
RESIDENTIAL DA SUSINESS ADDRESS	(HO AHD STA	1(1)			HAME OF TREASURER	<u> </u>		CONTROLLED COMMITTEE
1136 Junewood Court								Tris I no
CITA	STATE	11F CODE	AALA CODEMAYTHAL PHONE		COMMITTE ADDALLS	(HO. AND STALLE)		
Lod i	CA	95242	(209)478-1797					
COMMITTEE NAME			I.D. HUMBER		CITY	STATE	tip CODE	INOIN THUITENAUDO ATE
Nakanishi for City	Council		9801990			·		
COMMITTEE ADDRESS	(HO. AHD \$17				COMMITTEE NAME			ID HUMBER
1110 W. Kettleman L		44						
CITY	STATE	117 COUL	ANIA CODE/DAYTIME MIGHT	_	NAME DE TALASUALA			CONTACTOR COMMITTEE
l.od i	C A	95240	(209)478-995	6	· · · · · · · · · · · · · · · · · · ·			□ 111 □ HO
NAME OF TREASURER					COMMITTEE ADDRESS	(HO. AND STALLT)		
Jon Alan Nakanishi	(HO. AHD \$11	7211			CITY	STATE		
1940 Foxtail Court	(40. 24031)	411)				SIAIE	th copt	AREA CODE/DAYTIME PHONE
CITA	STATE	ZIP CODE	ANEA CODE/DAYTIME PHONE					
Tracy	CA	95376	(209)478-9956		Attach additional informatic	an an anningilately labels	drontlawith	an thoate
					Attach socitions; informatic	m on appropriately labele	J Continua (ic	on meets.
III Verification								•
Thave used all reasonable diligent	e in preparing th	ils statement. The	ive reviewed the statement	and to the	he best of my knowledge the In	formation contained here	in and in the	attached schedules is
true and complete. I certify under Executed on 10/5/98	· At St	ockton,	CA	iat the it	By By	<u> </u>		*
DATE	^\	CITYA	HD STATE		"I me to	SIGNATURE OF TREASUR	I.I.A	
An officeholder or candidate who	controls a comm	ilttee must also v	erlfy the campaign stateme	nt. Thay	e used all reasonable diligence	and to the best of my know	wledge the ti	reasurer has used all
reasonable diligence in preparing complete. I certify under penalty of	this statement. of perjury under	the laws of the St	he statement and to the best ate of California that the for	totmyk regoingi	nowledge the Information con	tained herein and in the at	tached sched	dules is true and
Executed on 10/5/98		ckton, CA				APM .	•	
DATE		CITY A	NO STATE		-/	SIGNATURE OF CANDIDATE/OF	FICEHOLDEA	
Executed on	At	CITY A	HD STATE		Ву	SIGNATUAL OF CANDIDATE/OF		
	۸.	(11 ×	un ioie		Q _u	SIGNATURE OF CARDIDATE/OF	HICEHOLDER	
Executed onDATE	AL	CITYA	HD STATE		θy	SIGNATURE DE CAMDIDATE/OF	IICIHOLDIA	

TO A HIMO AMATION AT QUIATO TO TE PAOVIDED TO YOU PURSUANT TO THE INFORMATION PARCILLS ACT OF 1889, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVIDED TO YOU PURSUANT TO THE PROPERTY AND ACTIONS ACTIONS ACT OF 1899, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVIDED TO YOU PURSUANT TO THE INFORMATION PARCILLS ACT OF 1899, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVIDED TO YOU PURSUANT TO THE INFORMATION PARCILLS ACT OF 1899, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROPERTY OF THE PROP

Allocation age — Part I Contributions and Independent Expenditures Made From Campaign Funds

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 7/1/98
through 9/30/98

Page 2 of 19
I.D. NUMBER

9801990

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan S. Nakanishi/Nakanishi for City Council

DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	Support	Оррозе	IND EXP	THUOMA	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
				ı			
						II SANGI SACAMBANA NAN JAWA	acta Raleiga (al raige), de la raige (al raige)
*See reverse re	egarding independent expenditures.				\$ 0		West Highly
ALLOCATION	- PARTISUMMARY	,	lltach ad	dditional	nformation on	appropriately labeled	continuation sheets.
(Include all	ons and independent expenditures of \$100 or more made this per Allocation Page — Part I subtotals.)	• • • • • • • • • • • • • • • • • • • •				\$ <u>0</u>	-
	ns and independent expenditures under \$100 made this period finite.)					\$O	
3. Total contri	butions and independent expenditures made this period from ca	ampaign f	unds.			0	

Allocation Page — Part II Contribut. Is and Independent Expenditures Made From Personal Funds

Type or print in ink.
Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE	

NAME OF OFFICEHOLDER OR CANDIDATE

Alan S. Nakanishi/ Nakanishi For City Council

List each contribution and independent expenditure of \$100 or more made	e from the officeholder or candidate's p	ersonal funds to support or oppose
other officeholders, candidates and committees.	,	
	CHECK ONE I WE	L CUMUNATIVE TO DATE CHAN

DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	1	K ONE Oppose	IND.	TNUOMA	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
8/25/98	Jay Smart for Assembly	x			. 100	100	
		_					
		_					
See reveise re	garding independent expenditures.			BTOTAL	\$ 100		

LLOCATION	_	PARTII	SUMMARY

Attach additional information on appropriately labeled continuation sheets.

Contributions and independent expenditures of \$100 or more made this period from personal funds. (Include all Allocation Page — Part II subtotals.)	\$	100
Contributions and independent expenditures under \$100 made this period from personal funds. (Do not itemize.)	\$_	0
Total contribution and independent contribution and the second of the se	s	100

Campaiun Disclosure Statement SUMMARY P. Type or print in lak. Amounts may be rounded Summary Page Statement covers period to whole dollars. from 7/1/98 9/30/98 SEE INSTRUCTIONS ON REVENSE NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE Council Alan S. Nakanishi/Nakanishi for City Council I.D. NUMBER 9801990 Contributions Received Column A Column B* Column C TOTAL THIS PERIOD TOTAL PALVIOUS PLAND 101AL 10 DA11 (FAOM ATTACHED SCIEDULES) (MOTT STOW 131) (ADD COLUMNIS A . 1) 2873 2873 1. Monetary Contributions Schedule A. Line 3 5 350 0 350 Loans Received Schedule B. Line 2 3223 0 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 3223 840 : 0 840 Non-monetary Contributions Schedule C, Line 3 4063 SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) 4063 Add Unes 3 + 4 .0 0 Enforceable Promises 0 (Exclude Loan Guarantees, tine 18 below) Schedule D. Line 7 0 4063 4063 7. TOTAL CONTRIBUTIONS RECEIVED Add Lines 5 + 6 Expenditures Made 0 8. Cash Payments (Other than Loans Made) Schedule E. Line 5 0 0 0 9. Loans Made Schedule II, Line 7 0 TO. SUBTOTAL CASH PAYMENTS Add Lines 8 + 9 0 0 0 11. Accrued Expenses (Unpaid Bills) Schedule F. Une 5 0 12. TOTAL EXPENDITURES MADE Add Lines 10 + 11 Current Cash Statement 0 13. Beginning Cash Balance Previous Summary Page, Line 17 3223 14. Cash Receipts Column A, Une 3 above 0 6), Loans Made (Line 9), and Accrued Expenses (Line 11). 15. Miscellaneous Increases to Cash Schedule I, Line 4 0 16. Cash Payments Column A, Line 10 above 3223 17. ENDING CASH BALANCE Add Unes 13 + 14 + 15, then subtract Une 16

INDING CASH BALANCE SHOULD

HOT BE A HEGATIVE AMOUNT

18. LOAN GUARANTEES RECEIVED Schedule B, Part I, Column (b) Cash Equivalents and Outstanding Debts 19. Cash Equivalents See Instructions on reverse 3 20. Outstanding Debts AdJ Line 2 + Line 11 in Column Cabove

If this is a termination statement, Line 17 must be zero.

* From previous Statement Summary Page, Column C. However, II this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line

Summary for Candidates in Both June and November Elections

7/1 to Date 1/1 through 6/30 21. Contributions 4063 Received

0 22. Expenditures Made

Schedule Monetary Contributions Received

Type o: tinink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period

from 7/1/98

through 9/30/98

Page 5 of 19

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan S. Nakanishi/Nakanishi for City Council

9801990

Alan S.	Nakanishi/Nakanishi for City Council	•		, , ,	01990
DATE RECEIVED	FUEL NAME AND ADDRESS OF CONTRIBUTOR (II COMMITTEL IN ADDITION TO COMMITTEL'S HAME AND ADDRESS, ENTERTO HUMBER OA IF NO LD. NUMBER HAS BEEN ASSIGNED, ENTERTAL ASURER'S HAME AND ADDRESS)	OCCUPATION AND EMPLOYER (II SELF-EMPLOYED, EMPER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
7/21/98	Larry Johnson 1144 Junewood Court Lodi, CA 95242	Self employed Keep It Simple Engineering	250	250	
8/22/98	Mr. Roger Baffoni 100 W. Pine Street Lodi, CA 95240	Clothier Squires Clothier	125	1 2 5	
8/22/98	Mr. Jeff Baffoni 100 W. Pine Street Lodi, CA 95240	Clothier Squires Clothier	125	1 2 5	
8/22/98	Mr. Adam Dados 1101 Junewood Drive Lodi, CA 95242	Self-employed Contractor	100	100	
9/30/98	Dr. George Chen 1617 St. Marks Plaza, Suite D Stockton, CA 95207	Physician Delta Eye Medical	350	350	·
		SUBTOTAL \$	950		
onetary Cor	ntributions Summary				
Amount receive (Include all Sch	ved this period — contributions of \$100 or more. nedule A subtotals.)			\$	
	ved this period — contributions of less than \$100. e.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ 423	
Total monetar (Add Lines 1 a	y contributions received this period. nd 2. Enter here and on the Summary Page, Column A, Lir	ne 1.)	TOTA	L \$	Name of the State

Schedule (Continuation Sheet) Monetary Contributions Received

Type or , ...t In Ink.
Amounts may be rounded to whole dollars.

from 711198 (HAVIGINES)

through 9/30/98

ige 6 of 19

Sc., EDULE A (cont

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan S. Nakanishi/Nakanishi for City Council

1.D. NUMBER 9801990

و مندن جمع بروان می بروان کرندا					
DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (I) COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER ED. NUMBER OA IF NO I D. HUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (1/ SELF-EMPLOYED, EMPER HAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	STAG OF SVITALUMUD CALENDAR PRAPER (1E.230 - 1.4AL)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
8/25/91	Parampal Gill PO Box 8778 Stockton, CA 95208	Self-employed Physician	200	200	,
9/30/9	John Teresi PO Box 1270 Lodi CA 95241	Self-employed Teresi Trucking	200	200	
8/18/9	John and Geraldine Schook 906 Kirkwood Drive Lodi, CA 95242	Retired House Wife	100	100	
9/24/9	Ron and Eileen Yamamura 8526 Solano Avenue Stockton CA 95209	Pharmacist	100	100	
9/29/9	Mr. Tom Horita 3728 Gleneagle Drive Stockton CA 95219	Financial Advisor Dean Whitter	100	100	
9/29/9	Dr. Ronald Oye 730 Spaans Drive Galt, CA 95632	Self-employed Optomatrist	100	100	
				ATEMPERATURE AT A TOTAL OF THE ATEMPT	isawa suuseen elineses

SUBTOTAL \$ 800

Schedule ^ (Continuation Sheet) Monetar; .ontributions Received

Type or 'In Ink.
Amounts n. .e rounded
to whole dollars.

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan S. Nakanishi/Nakanishi for City Council

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE; IN ADDRESS, ENTER LD. NUMBER OR IF NO LD. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, EHIER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
9/30/9	Dr. Harvey Lashier 1617 St. Marks Plaza Stockton, CA 95207	Physician Delta Eye Medical	350	350	,
9/30/9	Dr. Andrew Chen 1617 St. Marks Plaza Suite D Stockton, CA 95207	Physician Delta Eye Medical	350	350	
	·				
				•	
					•
		SUBTOTAL \$	700		

Type or p. .n Ink.

SCHEDULE B - Part I

Loans Re	eceived	Amounts may be rounded to whole dollars.	·	Statem 7/	ent covers perlod		49
SEE INSTRUCTION	ONS ON REVERSE				730/98	Page 8	or
NAME OF OFFI	CEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE					I.D. NUMBER	
Alan	S. Nakanishi/Nakanishi for City Co	ouncil				980199	0
DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS	LENDER/GUARANTOR'S	, LI	ENDERINFO	RMATION	GUARANTOR	ITAMBOBBI
RECEIVED	EF COMMITTE, EMITAFULL NAME, ADDRESS AND LD. HUMBER, IF NOT D. HUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (II SELT- EMPLOYED, ENTER BUSINESS HAME)	DUE DATE!	AMO!		AMOUNT GUARANTEED	CUMULATI
9/30/98	Alan S. Nakanishi	Physician	DUI DATI		RAJY RADHIJAD		CALINDARY
9/30/90	1136 Junewood Court	Delta Eye Medica	Open	350)		1
•,	Lodi, CA 95242	,	INTEREST RATE		OTHER		DIHEA
	☐ Lender ☐ Guarantor*		0	я		. {	1
			DUL DATE		CALINDAN YEAR	-	CALENDARY
	•				1,		
			INTEREST RATE	•	DING		DIHIA
	□ Lender □ Guarantor*			н	1,		
			DUE DATE		CALINDAR YEAR	- 	CALEHDARY
					1.		1.
		:	INTEREST RATE		OTHER		DIHER
	Lender Guarantor*			,],		
• • • • • • • • • • • • • • • • • • • •				(0)	LA (DECEMBER)	(0)	Inter (b)
- see import	tant instructions on reverse.		SUBTOTAL	350		<u> </u>	Summary F Line 18 or
Loans Rece	eived — Part I Summary						
. Loans of \$	100 or more received this period. (Include all Loans Re	ceived — Part I (a) subtotals.)		. \$ _350	,		
. Loans und	er \$100 received this period. (Do not itemize.)	• • • • • • • • • • • • • • • • • • • •		• 0	ı		
	s received this period. (Add Lines 1 and 2.)			4 .			
	eived - Part II Summary		IOIAL	7			
Loans of \$	100 or more renaid, forgiven, or paid by a third party th	his period (Include all Part II ((c)		0		
subtotals.	If forgiven or paid by a third party, also itemize the tra	ansaction on Schedule A.)		. \$	<u> </u>		
Loans und	er \$100 repaid, forgiven, or paid by a third party. (Do r third party, include this amount on Schedule A Summa	no itemize.) If forgiven or rv. line 2		\$.	0		
Total loan	s renaid forgiven, or paid by a third party this period.	•			0)		
(Add Lines	s 4 + 5.)	· · · · · · · · · · · · · · · · · · ·	TOTAL	. \$ 7			
Enter the r	net here and on the Summary Page, Column A, Line 2.	,	NET	\$35	0		
	a canadame and more administry of gray agreement of anneals.			htay be	a negalive number		

Schedulc — Part II Repayments Made on Loans Received, Loans Forgiven, and Loans Repaid by a Third Party

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period

from 7/1/98

through 30/98

Page 9 of 19

LD. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan S. Nakanishi/Nakanishi for City Council

1.D. NUMBER 9801990

PATE OF PAYMENT OR IGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF LENDER	INTEREST RATE (II CHANGED)	AMOUNT REPAID OR FORGIVEN ON PRINCIPAL * (EXCLUDE PAYMENT OF UNITALS)	OUTSTANDING PRINCIPAL	INTEREST PAID
		•				
		····		· · · · · · · · · · · · · · · · · · ·		
						
	·					
ach addit	ional informatic	on on appropriately labeled continuation sheets.	SUBTOTAL	\$ 0	TOTAL INTEREST PAID THIS PERIOD	(d)

*IMPORTANT: If any part of a loan is forgiven or repaid by a third party, also itemize the transaction on Schedule A, including the name and address of the person forgiving the loan or the third party making the payment, and the amount forgiven or paid.

Enter the amount in column (d) in the summary section of Schedule E, tine 3. Do not carry this total to the summary section of Schedule B.

Scredule — Part III		Type or print in ink.	SC JULEB-Part			
Ar nua Report of Outstanding Lo	an s Rece ved	Amounts may be rounded to whole dollars.	Statement covers period	Called River		
			from 7/1/98	TO FORM THE SALE		
SEE INSTRUCTIONS ON REVERSE		through 9/30/98	_ Page 10 of 19			
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLL		<u> </u>	I.D. NUMBER			
Alan S. Nakanishi/Nakanishi f	or City Council			9801990		
FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST		
				•		
•						
			•			
		-				
Attach additional information on appropriatel	y labeled continuation shee	ets. TOTAL	\$ 0			

NOTE: This total should be the same amount as entered on the Summary Page, Column C, Line 2.

Schedule Non-Monetary Contributions Received

Type or print in ink. . Amounts may be rounded to whole dollars.

SCHEDULE Statement covers period 9/30/98

•	r	c	INCT	יו ומי	TIO	AIC	ON	DEM	 t

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

I.D. NUMBER 9801990

Alan S.	Nakanishi/Nakanishi for City Co	unc11				
DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OX, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER HAME OF BUSHESS)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
9/1/98	Saca Properties IIIO W. Kettleman Lane Lodi, CA 95240	Saca Properties	Office Space	840	840	'
	· ·					
	:	`				
Attach addit	ional information on appropriately labeled conti	nuation sheets.	SUBTOTAL	840		
Non-Mone	tary Contributions Summary					
1. Amount re (Include all	ceived this period — non-monetary contributions I Schedule C subtotals.)	of \$100 or more.	\$	840		
2. Amount re	ceived this period — non-monetary contributions mize.)	of less than \$100.		0		
3. Total non-r (Add Lines	monetary contributions received this period 1 and 2. Enter here and on the Summary Page, C	olumn A, Line 4.)	TOTAL \$	840		

Schedul 1 Enforceaule Promises Received (Other than Loan Guarantees, Loan Endorsements, and Loan Security)

Type or print in lak. Amounts may be sounded to whole dollars.

Statement covers period 7/1/98 9/30/98

SCHEDULE

NOTE: Loan quarantees, loan endorsements and loan security are "enforceable promises" that must be reported on Schedule B - NOT Schedule D. SEE INSTRUCTIONS ON REVERSE

ID NUMBER

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
Alan S. Nakanishi/Nakanishi for City Council 9801990 FULL NAME AND ADDRESS OF CONTRIBUTOR AMOUNT PAID CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) CUMULATIVE TO OCCUPATION AND EMPLOYER AMOUNT PROMISED DATE UF COMMISSES, IN ADDITION TO COMMISSES'S NAME AND ADDRESS. THIS PERIOD DATE OTHER IN SELT-IMPLOYED, ENTER HAME OF HO ATTHE OF IN ENTER LO. HUMBER OÀ. IL NO LO. HUMBER HAS BEEN ASSIGNED. 8USHIESS) SCHEDULE AS ENTER TREASURIA'S HAME AND ADDRESS Attach additional information on appropriately labeled continuation SUBTOTALS \$ 0 sheets. Enforceable Promises Received Summary 2. Promises received under \$100 this period. (Do not itemize.) 3. Total promises received this period. (Add Lines 1 and 2.) 4. Payments received on promises of \$100 or more this period. 5. Payments received on promises under \$100 this period. 6. Total payments received. (Add Lines 4 and 5.) TOTAL \$ 1 7. Net change this period. (Subtract Line 6 from Line 3. Enter the difference here and on

Schedul Payments and Contributions (Other Than Loans) Made

Type or print in ink. Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan S. Nakamisi/Nakanishi for City Council

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

"C" - MONETARY AND IN-KIND (NON-MONETARY)
CONTRIBUTIONS TO OTHER CANDIDATES

AND COMMITTEES

"I" - INDEPENDENT EXPENDITURES

"L" - LITERATURE

"B" - BROADCAST ADVERTISING

"N" - NEWSPAPER AND PERIODICAL ADVERTISING

"O" - OUTSIDE ADVERTISING

"5" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS

"F" - FUNDRAISING EVENTS

"G" - GENERAL OPERATIONS AND OVERHEAD.

"T" - TRAVEL, ACCOMMODATIONS AND MEALS

(MUST BE DESCRIBED)

"P" — PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEES HAME AND ADDRESS, ENTERED, NUMBER OR, IF NO LO.	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.				
HUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
:					
Important: Contributions and expenditures made out of campaign funds to officeholders, candidates, committees, or ballot measures must also be ent	o or on be ered on to	ehalf of other he Allocation Pa	ge, Part I. SUBTOTAL	\$ 0	
Payments and Contributions Made Summary 1. Payments made this period of \$100 or more. (Include all Schedule E subto	itals)		·	s 0	
2. Payments made this period of under \$100. (Do not itemize.)					
3. Total interest paid this period on outstanding loans. (Enter amount from				Λ	
4. Total accrued expenses paid this period. (Do not itemize. Enter amount f	rom Sche	dule F, Line 4.)		\$	
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here an	d on the S	Summary Page, C	Tolumn A, Line B.) TOTAL	0	

Schedule F		Type o	r print in ink.			SCHEDULE
Accrued penses (Unpaid Bills)		nounts may be rounded to whole dollars.	Statement covers period	EXXTE	THAT OF	
		1		from 7/1/98		
SEE INSTRUCTIONS ON REVERSE				7/1/98.	_ Page	14 01 19
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROL	LED COMMITTEE				I.D. NUM	
Alan S. Nakanishi/Nakanishi	for City Council				98	01990
	CODES FOR CLAS	SIFYING EXP	ENDITURES			
If one of the following codes accurately desc back of Schedule E-Continuation Sheet for de	ribes the expenditure, you ma etailed explanations of each c	y enter the c ategory.	ode and leave	the "Description of Payment" col	lumn blan	k. Refer to the
"C" MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES	"B" - BROADCAST ADVERTISIN			"G" - GENERAL OPERATION		
AND COMMITTEES	"N" - NEWSPAPER AND PERIOD "O" - OUTSIDE ADVERTISING	ICAL ADVERTIS	ING	"T" — TRAVEL, ACCOMMO (MUST BE DESCRIB	ED)	
"L" - INDEPENDENT EXPENDITURES "L" - LITERATURE	"\$" SURVEYS, SIGNATURE GA "F" FUNDRAISING EVENTS	THERING, DOOL	R-TO-DOOR SOLICI	TATIONS 'P' - PROFESSIONAL MA SERVICES	NAGEMENT	AND CONSULTING
						
NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIE (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, E	MTER I.D. NUMBER OR, IF NO I.D.			MENT OF ACCAULD EXPENSES ON SCHEDULES E DATA IEDULE E, LINE 4. DO NOT NE-ITEMIZE ACCAUED EXP		
NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAM	(CAND ADDA(SS)	CODE	ON D	DESCRIPTION OF OUTSTANDING PAYMEN	11	AMOUNT ACCRUED
		<u> </u>			<u></u>	<u></u>
	y labeled continuation sheets			SUBT	TOTAL \$	
Accrued Expenses Summary						0
1. Accrued expenses this period of \$100 or mor	•					0
2. Accrued expenses this period of under \$100.						
3. Total accrued expenses incurred this period.						
4. Total accrued expenses paid this period. (Do	notitemize. Enter here and	on Schedule	E Summary, Lir	ne 4.) PAID	TOTAL \$	()
5. Net change this period. (Subtract Line 4 from	n Line 3. Enter the difference	here and on	the Summary F	Page, Column A, Line 11.)	NET \$	
						. May be a negative number

Schedult 7 Payment Made by an Agent or Independent Contractor (on Behalf of an Officeholder or Candidate)	noun	e or print in ink. Is may be rounded whole dollars.	from	7 / 1 / 9 8 9 / 3 0 / 9 8	1 5 1 5	SCHEDULE
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE Alan S. Nakarishi/Nakanishi for City Council			through _		I.D. NUMBER 98015	
NAME OF AGENT OR INDEPENDENT CONTRACTOR						
If one of the following codes accurately describes the expenditure, you back of Schedule E-Continuation Sheet for detailed explanations of each of Schedule E-Continuation Sheet for detailed explanations of each of the schedule E-Continuation Sheet for detailed explanations of each of the schedule E-Continuation Sheet for detailed explanations of each of the schedule E-Continuation Sheet for detailed explanations of each of the schedule E-Continuation Sheet for detailed explanations of each of the schedule E-Continuation Sheet for detailed explanations of each of the schedule E-Continuation Sheet for detailed explanations of each of the schedule E-Continuation Sheet for detailed explanations of each of the schedule E-Continuation Sheet for detailed explanations of each of the schedule E-Continuation Sheet for detailed explanations of each of the schedule E-Continuation Sheet for detailed explanations of each of the schedule E-Continuation Sheet for detailed explanations of each of the schedule E-Continuation Sheet for detailed explanations of each of the schedule E-Continuation Sheet for detailed explanations of each of the schedule E-Continuation Sheet for detailed explanations of each of the schedule E-Continuation Sheet for the schedule Sheet for the schedule E-Continuation Sheet for the schedule Sheet for the s	may enter the ch category. "S" SUR "F" FUN "T" TRA	EXPENDITURES CODE and leave to VEYS, SIGNATURE GA- DRAISING EVENTS VEL, ACCOMMODATION ST BE DESCRIBED)	THERING, DOOR	-TO-DOOR SOLICITATI		Refer to the
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER LD. NUMBER OR, IF NOTE, NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTIO	N OF PAYMENT		DIA9 INUOMA
·		·				
		·				

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E by the officeholdericandidate.

Schedule -	- Part I	Type or print in	ink.			SCHEDULE H - Part
Loans Made t	· ·	Amounts may be rounded to whole dollars.			ement covers period	
		(0 1111011 0 0 111		from _7	/1/98	
					9/30/98	Page 16 of 19
SEE INSTRUCTIONS ON				through		
	ER OR CANDIDATE AND CONTROLLED COMMITTEE					I.D. NUMBER
Alan S. Naka	nnishi/Nakanishi for City Council					9801990
DATE OF LOAN	FULL NAME AND ADDRESS OF RECIPIENT (IZ COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER OR, IF NOTO, NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S HAME AN		INTEREST	TRATE	DUE DATE	AMOUNT
٠,						,
	· · · · · · · · · · · · · · · · · · ·					
					SUBTOTAL \$	0 ·
Loans Made to C	Others — Part I Summary					
1. Loans of \$100 or	more made this period. s Made – Part I subtotals.)				0	
7 1	made — Part (Subtotals.) made this period.				. 0	•
3. Total loans made	this period.					
(Add Lines 1 and	this period. 2.)			TOTAL S	0	
Loans Repaymer	nts Received - Part II Summary	•				
4 Payments receive	ed on loans of \$100 or more. (Include all loan navments)	received and all loan	s of \$100 o	rmore	0	
which have been	forgiven by this officeholder, candidate, or committee temize on Schedule E.)	- Part II (a) cubtotale	•		——————————————————————————————————————	
5 Payments receive	ed on loans under \$100				Λ	
Including a forgi) 6. Total loan navme	iveness. Do not itemize.)					
(Add Lines 4 and	ents received this period. 5.)			TOTAL :	s (0)	
7. Net change this p	period. (Subtract Line 6 from Line 3. e and on the Summary Page, Column A, Line 9.)					

May be a negative number.

Schedule H Part I

Type or print in ink.

SCHEDULE H - Part I (cont.)

Loans Made to Others (Continuation Sheet)		Amounts may be rounde to whole dollars.	from .	atement covers period 7/1/98	residents (1910)	
			through	9/30/98 gh	Page 17 of 19	
NAME OF OFFICEHOLDER C	DR CANDIDATE AND CONTROLLED COMMITTEE ishi/Nakanishi for City Council				1.D. NUMBER 9801990	
DATE OF LOAN .	FULL NAME AND ADDRESS OF RECIPIENT (IF COMMITTEE, IN ADDITION TO COMMITTEES HAME AND ADDRESS, I OA, IF HOT D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S HAI	ENTER I D. HUALBER	INTEREST RATE	DUE DATE	AMOUNT	
3,					,	
	<u></u>					
				SUBTOTAL	s 0	

Schedule H - Part II Loan Repayments Received on Loans Made to Others (Including Payments Received from Third Parties) and Loans Forgiven

Type or print in ink. Amounts may be rounded to whole dollars. **SCHEDULE H - Part II**

Statement covers period	CAULOLINA / OYO
from 7/1/98 ::	
through 9/30/98	Page of
*	1.D. NUMBER 9801990

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE Alan S. Nakanishi/Nakanishi for City Council

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF RECIPIENT OF LOAN	INTEREST RATE (II CHANGED)	AMOUNT REPAID OR FORGIVEN ON PRINCIPAL (EXCLUDE RECEIPT OF INTEREST)	OUTSTANDING PRINCIPAL	INTEREST RECEIVED
						•
,		:				
				·		
Attach additio	onal informati	on on appropriately labeled continuation sheets.	SUBTOTAL	\$ 0	TOTAL INTEREST RECEIVED THIS PERIOD	\$ 0
*IMPORTANT:	If any part of a	loan is forgiven, also itemize the forgiveness on Schedule I	E. If a repayn	ment is received from a	Enter the amount in co	redule I, Line J. Do

name of the recipient of the loan.

not carry this total to the summary section of Schedule 11.



Schedul I — Part III Annual Report of Outstanding Loans Made

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED CO Alan S. Nakanishi/Nakanishi for	1.D. NUMBER 9801990			
FULL NAME OF RECIPIENT OF LOAN	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
Attach additional information on appropriately labe	led continuation sheets.	TOTAL	\$ 0	

NOTE: This total should be the same amount as entered on the Summary Page, Column C, Line 9.

Schedu

Type or print in ink.
Amounts may be rounded

SCHEDUL

Miscellaneous increases to Cash		ases to Cash to whole dollars.		CAN COURT TO D		
SEE INSTRUCTIONS			from 7/1/98 ·			
Alan S.	OLDER OR CANDIDATE AND CONTROLLED COMMITTEE Nakanishi/Nakanishi for City Council			1.D. NUMBER 9801990		
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (I) COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTERED, HUMBER OR, IF HOLD, NUMBER HAS BEEN ASSIGNED, ENTERTREASURER'S NAME AND ADDRESS)	DESC	CRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH		
9 <u>.</u>						
·						
	· ·					
	·			,		
Attach addit	ional information on appropriately labeled continuation sheets.		SUBTOTAL	\$ 0		
	us Increases to Cash Summary eash of \$100 or more this period		\$0	_		
	tash under \$100 this period. (Do not itemize.)					
3. Total of all in	nterest received this period on loans made to others. (Schedule F	I, Part II (b).)	\$0	······································		
4. Total miscell Summary Page	aneous increases to cash this period. (Add Lines 1, 2, and 3. Entege, Line 15.)	r here and on the	TOTAL \$0			